

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>Holbe</i>		03-09-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	<i>Joseph</i>	10890	04/18/01
RESPONSE FORMALTY REVIEW			

# INDEX OF CLAIMS

✓ ----- Rejected      N ----- Non-elected  
 - ----- Allowed      I ----- Interference  
 (Through numeral) ----- Canceled      A ----- Appeal  
 + ----- Restricted      O ----- Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
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50	✓		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

*ACT 04/17/01*